## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

1.	DATE OF REPORT		ANDIDATE OR C	-		
	1/3/11	FRIENDS	to Elec-	+ JEH	BROWN	
2.b.	IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	
4.a.	CAMPAIGN ADDRESS AND PHONE				8/5/10	
	Street or Rural Route	City		State	Zip Code	Phone
23	24 Waterhaven Dr. (	hattavogs		TN 3	7406 4	73-902-2441
4.0.	CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	City		State	Zip Code	Phone
5.	OFFICE SOUGHT (include district number, if	applicable)	6. NAME C	F POLITICAL	TREASURER (may be	e candidate)
	Kegister of DEERS		Justin	RENDEN		
7.	CAPEGORY OR REPORT (Check one)  FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE-	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a.	BEGINNING DATE OF REPORTING PERIOD			DATE OF REPO	RTING PERIOD	SOFFLEWENTAL
9 /	Check one)		12/31	10		
J. (	,					
	<ul> <li>This campaign is exempt from detailed tures total \$1,000 or less for this repo</li> </ul>	ting period. (Comp	se contributions plete items 12d.	(including in-kir , 12e. and 12f.)	nd) received total \$1,0	000 or less AND expendi-
	b. X This campaign is required to file a det and/or expenditures total more than \$	ailed financial discle 1,000 for this repor	osure because of ting period.	contributions (in	cluding in-kind) recei	ved total more than \$1,000
	I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution. Financial Disclosure Act. Additionally, I/we shenefit of the candidate or for any other non signature of candidate.	ns and expenditure swear or affirm that	s required to be no campaign of	e reported by the contributions have federal internal	e candidate committe	e by the Campaign
11.	signature of witness	Black	e!	signa	ture of witness	13 IV
12.	SUMMARY					
	a. BALANCE ON HAND LAST REPORT	•••••	•••••		\$ (5,00)	_
	b. TOTAL RECEIPTS THIS PERIOD				s 250.00	_
	c. TOTAL DISBURSEMENTS THIS PERIOD .				s 245.00	
	d. BALANCE ON HAND (12.a. plus 12.b. m					• 0
	Table 1 Table			***************************************		3
	e. TOTAL LOANS OUTSTANDING			•••••••	***************************************	s 1217.18
	f. TOTAL OBLIGATIONS OUTSTANDING	M9 3-NAL	5010			sO



#### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD								
JEST BROWN	FROM: 10/1 10 TO: 12/31/10								
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)									
a. Unitemized Contributions (\$100 or less from each source this period)	\$								
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>250.00</u>								
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	\$ <u>250.00</u>								
16. LOANS RECEIVED THIS REPORTING PERIOD	\$O								
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>0</u>								
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>250,00</u>								
DISBURSEMENTS									
19. EXPENDITURES (other than loan payments)									
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.g., printing, postage, gasoline)								
\$									
\$									
\$									
\$	<u> </u>								
\$									
\$									
\$									
\$	incheduce (vice)								
\$									
Total of Expenditures (\$100 or less each payee)	\$								
b. Itemized Expenditures (Over \$100 each payee this period)	\$								
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)									
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 245.00								
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 245.00								
22.IN-KIND CONTRIBUTIONS									
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$								
b. Itemized in-kind contributions (over \$100 from each source this period)	\$								
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$									
23. OBLIGATIONS									
a. Unitemized Obligations Outstanding (\$100 or less each)	\$								
b. Itemized Obligations Outstanding (Over \$100 each)	\$								
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i iter	n 12.f.)\$								



#### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER	ING THE PERIOD					
JEST BROWN		FROM: 10 1 10	TO: 12/31/10				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI	ONS FRO	M PRECEDING PAG	GE (enter \$0 if first itemized page	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	CH ITEMIZ	ED CONTRIBUTION (	contributions totaling more than \$100 from any contributor)				
First Name	Middle Name	е	Contribution Received For:	Amount of Contribution			
Last Name/Organization Name	pe.		Primary Election	General Election			
Wolte, Je,			Runoff (Local Election	c Only)			
Address 707 GEORGIA AVE			Date of Contribution	s Only)	250.00		
City Chat ANDORA	City CM + ANDORA State Zip Code 37402				Aggregate This Election		
Occupation 1			1				
Employer			1 , ,				
SEIF			10/4/10		250.00		
First Name	Middle Nan	ne	Contribution Received For		Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Election	ns Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation	1		†				
Employer			(a)				
First Name	Middle Nam	ne	Contribution Received For		Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Election	ns Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation			-				
Employer			_				
First Name	Middle Nar	me	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name			Primary Election [	General Election			
Address			Runoff (Local Election	ons Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation			1				
Employer			-				
5. TOTAL ITEMIZED CONTRIBUTIONS							
(Carry forward to item 3. of next page if additional pages					250.00		
(If this is the last page of contributions, this amount mus	t be snown in	nem 15b. of summary 1			16/100		

# **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR CO	MMITTEE		2. REPORT COV	ERING THE PERIOD				
JEST BROWN		The state of the s	FROM: 10 1 10	TO: 12 31 10				
3. TOTAL ITEMIZED IN-KIND CO	NTRIBUTIONS FRO	M PRECEDING PA	GE (enter \$0 if first itemized page)	C				
4. COMPLETE THE APPROPRIATE I	TEMS FOR EACH ITEM	IZED IN-KIND CONT	RIBUTION (in-kind contributions totaling more than \$100 from any	contributor during the period)				
First Name	Middle I	Name .	In-Kind Contribution Received For:  Primary Election General Election	Value of In-Kind Contribution				
Last Name/Organization Name			Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	'						
First Name	Middle I	Vame	In-Kind Contribution Received For:	Value of In-Kind Contribution				
Last Name/Organization Name	***************************************		☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle I	Name	In-Kind Contribution Received For:	Value of In-Kind Contribution				
Last Name/Organization Name	· · · · · · · · · · · · · · · · · · ·		Primary Election General Election  Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle I	Name	In-Kind Contribution Received For:	Value of In-Kind Contribution				
Last Name/Organization Name			☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)					
Address			Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle N	ame	In-Kind Contribution Received For:	Value of In-Kind Contribution				
Last Name/Organization Name			Primary Election General Election  Runoff (Local Elections Only)					
Address	11		Date of In-Kind Contribution	Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
5. TOTAL ITEMIZED IN-KIND CO								
(Carry forward to item 3, of next page if a (If this is the last page of in-kind contribu-	additional pages of this form tions, this amount must be	n are used.) shown in item 22b. of sun	mmary.)	D				
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### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	ITO:		
	7 7	Amount 3110					
TOTAL ITEMIZED CAMPAIGN EXPENDITU     COMPLETE THE APPROPRIATE ITEMS FOR E				iod)			
First Name	me	Purpose of Expenditure	to any payor during the pol	Amount of Expenditure			
Last Name/Business Name		· · · · · · · · · · · · · · · · · · ·	1				
Address			1				
City State Zip Code							
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			1				
Address							
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code	1				
First Name	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			]				
Address			1				
City	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	•						
Address							
City	State	Zip Code					
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus	s of this form a	are used.) item 19b. of summary.)			0		

## **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PER				PERIOD		
TITE BO				ROM:		TO:	2.112					
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source durin									eriod)	12	31/10	
Complete the Following for the	Source of the Loan						- W. S W. S					
First Name	Middle Nar	ne			g Loan Balance Loans			Loan	Outs	Outstanding Loan Balance		
Last Name/Organization Name				(Beginning	(Beginning of Period) Received		ed   Pr	Payments		(End of Pe	riod)	
Last Names organization Name												
Address					oan Received For: Date of Loan							
City				Primar	☐ Primary Election ☐ General Election							
					(Local Elections							
Cint Name	List All Endo			or Above Loa	Section Control of	ce is neede	d please attac	h a page)	-			
First Name		Middle Name	9		First Name				Middle	Name		
Last Name/Organization Name					Last Name/Org	ganization Na	me					
Address					Address							
City		State	Zip Co	ode	City	*			State	Zip	Code	
Amount Guaranteed Outstanding					Amount Guara	nteed Outstan	ding					
First Name	First Name Middle Name				First Name Middle Name							
Last Name/Organization Name	Last Name/Organization Name				Last Name/Organization Name							
Address					Address							
City		State	Zip Co	ode	City				State	Zip	Code	
Amount Guaranteed Outstanding					Amount Guarar	nteed Outstan	ding		-			
First Name		Middle Name			First Name				Middle	e Name		
Last Name/Organization Name		•			Last Name/Org	anization Nar	ne					
Address					Address							
City	***************************************	State	Zip Co	ode	City State				Zip	Code		
Amount Guaranteed Outstanding		***************************************	-		Amount Guaran	teed Outstan	ding					
First Name		Middle Name			First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name								
Address				Address								
City		State	Zip Co	de	City State Zip Code				Code			
Amount Guaranteed Outstanding	Amount Guaranteed Outstanding				Amount Guaran	teed Outstand	ding	-				
4. Totals for all Loans (comple (Total loans received should also be					Outstanding Lo		Loans	Loa			ng Loan Balance	
(Total loan payments should also be	shown in item 20. on s	ummary page.)			1462.		Received	Paym			of Period)	
1. Star outstanding loan balance \$1100	(Total outstanding loan balance should also be shown in item 12.e. on front page.)					10	<i>U</i> ,	245	100	161	7.18	

## **ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
JEH BROWN				FROM: 10   1		2/3/10
<ol><li>COMPLETE THE APPROPRIATE ITEMS F</li></ol>			Outstanding Balance	Debt Incurred	Payments This Deviced	Outstanding Balance
OBLIGATION (obligations totaling more that person/vendor at the end of the reporting p	(Beginning of Period)	This Period	This Period	(End of Period)		
First Name						
	Middle Na					
Last Name/Business Name						
Address						
City	State Zip Code					
Description of Obligation				L		
				,		
First Name	Middle Na	me				
Last Name/Business Name			7			
Address		6.A				
City	State	Zip Code				
Description of Obligation		L				l
Joseph M. Congasti						
First Name	Middle Na	ne				
Last Name/Business Name	Last Name/Business Name					
Address			_			
Cit.	Ctata	7in Code	_			
City	State Zip Code					
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name			-			
Address						
Address						
City	State	Zip Code				
Description of Obligation		a Arra de la company de la com		to any annual design of the second	•	
First Name	Middle Na	ne				
Last Name/Business Name			_			
Address						
City	State	Zip Code				
Description of Obligation	-					
4. TOTALS						
(Total from Outstanding Balance - (End of Period)	column mus	t also be shown	_	2	_	
in item 23b. on summary page.)				0	$\cup$	

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